

# Northern Virginia Long-Term Care Ombudsman Program (NVLTCOP)



Office of the State  
Long-Term Care  
Ombudsman

Promoting Quality - Protecting Rights

*Serving the Jurisdictions of Alexandria, Arlington, Fairfax and Loudoun,  
through their Area Agencies on Aging*



# THE UPDATE

Volume 8 Issue 3 June 2014



World Elder Abuse Awareness Day is June 15. According to the Administration on Aging (AOA), every year an estimated 5 million, or 1 in 10, older Americans are victims of elder abuse, neglect, or exploitation. The National Center on Elder Abuse is part of AOA. Experts believe that for every reported case of elder abuse or neglect, as many as 23.5 cases go unreported.

(continued on page 2)

## In this issue:

- World Elder Abuse Awareness Day
- What is Elder Abuse?
- Twelve Things You Can Do to Prevent Elder Abuse
- A Daughter's Advocacy
- Spring Volunteer Training 2014

Elder abuse has many forms and symptoms:

### **Neglect symptoms**

- Lack of basic hygiene, medical/dental attention, adequate food, or clean and appropriate clothing
- Lack of medical aids (glasses, walker, teeth, hearing aid, medications)
- Person with dementia left unsupervised
- Person confined to bed is left without care
- Home cluttered, filthy, in disrepair, or having fire and safety hazards
- Home without adequate facilities (stove, refrigerator, heat, cooling, working plumbing, and electricity)
- Untreated pressure “bed” sores (pressure ulcers)

### **Financial abuse/exploitation**

- Lack of amenities victim could afford
- Vulnerable elder/adult “voluntarily” giving uncharacteristically excessive financial reimbursement/gifts for needed care and companionship
- Caregiver has control of elder’s money but is failing to provide for elder’s needs
- Vulnerable elder/adult has signed property transfers (Power of Attorney, new will, etc.) but is unable to comprehend the transaction or what it means

### **Psychological/emotional abuse symptoms**

- Unexplained or uncharacteristic changes in behavior, such as withdrawal from normal activities, unexplained changes in alertness, other
- Caregiver isolates elder (doesn’t let anyone into the home or speak to the elder)
- Caregiver is verbally aggressive or demeaning, controlling, overly concerned about spending money, or uncaring

### **Physical/sexual abuse symptoms**

- Inadequately explained fractures, bruises, welts, cuts, sores or burns
- Unexplained sexually transmitted diseases



### **Twelve Things You Can Do to Prevent Elder Abuse:**

1. Learn the signs of elder abuse and neglect.
2. Call or visit an elderly loved one and ask how he or she is doing.
3. Provide a respite break for a caregiver.
4. Ask your bank manager to train tellers on how to detect elder financial abuse.
5. Ask your doctor to ask senior patients about possible family violence in their lives.
6. Contact your local Adult Protective Services or Long-Term Care Ombudsman to learn how to support their work helping at-risk elders and adults with disabilities.
7. Organize a “Respect Your Elders” essay or poster contest in your child’s school.
8. Ask your religious congregation’s leader to give a talk about elder abuse at a service or to put a message about elder abuse in the bulletin.
9. Volunteer to be a friendly visitor to a nursing home resident or to a homebound senior in your neighborhood.
10. Send a letter to your local paper, radio or TV station suggesting that they cover World Elder Abuse Awareness Day (June 15) or Grandparents Day in September.
11. Dedicate your bikeathon/marathon/other event to elder mistreatment awareness and prevention.
12. Join the Ageless Alliance. Ageless Alliance connects people of all ages, nationwide, who stand united for the dignity of older adults and elimination of elder abuse.

## ADVOCATING FOR MOM

My name is Kim. I became an expert at advocating when I had to advocate on my mother's behalf for almost 20 years. Due to my background, I'm pretty comfortable in a hospital setting and comfortable dealing with physicians and nurses.

My mother had begun having mini strokes in 1995. That's when the doctor told her she had to lose weight and stop smoking because it was going to kill her. But she didn't. She had her first heart attack in 1996. In 1997 she and I were at home eating dinner and she stopped eating. She said she didn't feel well and had a bad headache. She started vomiting at the table and told me she wanted to put her head down. I asked her if I should call 911 and she said no. She lost consciousness shortly after that. I immediately knew that she was having a stroke. I ran to get her oxygen and I put it over her mouth and nose and called 911. My mother had a hemorrhagic stroke that night. That is when an aneurysm bursts in a large artery which surrounds the brain.

She was rushed to the hospital and operated on. She was in a coma for three weeks and on a respirator. After about three days the doctors wanted to talk about removing her from the respirator. They said that she would be a "vegetable" because she was without oxygen for some time. She couldn't walk, talk, or feed herself. She was total care. Every time we met with the doctors in the ICU, they again brought up removing her from the respirator because if she did survive the quality of her life would be poor. My family knew that my mom was a fighter and knew in our hearts that she would pull through. We always told them, "no." One thing that my family and I did when we went to see my mom was pat her hand and say, "It's time to wake up. It's time to wake up. Get up" over and over again. When she repeated the words, "Wake up" to another resident who was in a coma, it proved to us that my mom could hear us say those words.

My mother was still total care. She was eventually transferred to a less intensive care unit and remained there until she was transferred to a nursing home. She had a tracheotomy, feeding tube, and couldn't walk, talk, or eat.....nothing.

When I was a child, my mother taught me how to sign the alphabet because my aunt was hard of hearing. The only way my mother communicated with her was to sign the alphabet to spell the word. When I was about 16 my aunt moved, so there was no need to sign anymore. When my mother could no longer speak, she started to sign while in the nursing home. The staff could not understand what she was saying, but I could. It all came back to us. With all types of therapy my mom slowly and gradually began to get better. They were able to remove her from the respirator. She began to learn how to walk and talk again. Two years after being admitted to the nursing facility, my mom was discharged. At discharge, she was alert and oriented, able to walk with a walker (fast), talk, play cards and Bingo. She attended an Adult Day Care Center, went to Atlantic City and she still had her sense of humor. She was back to her old self. She was and still is the strongest woman I've ever met in my life. I'm honored and proud to say I'm her daughter. My mother lived for 23 more years than what the doctors predicted. Below are some things that I did that I am certain helped my mom to live as long as she did:

**Visit often and not on a schedule.** This is important. Staff usually like to know when you're coming, who will come, who in the family will ask the questions and they will make sure your family member looks nice and clean for when you get there. If you have other family members, scatter the visiting time. The more the staff sees that the family cares, the more they will care.

**Read your family member's chart.** Facility staff have many patients and may not have the time to tell you about tests and medication changes. While my mom was in the nursing home I found out that she was refusing her medications. The staff never said anything to any of us.



While reading my mother's chart, I found out that capacitated patients have the right to refuse medications. I was able to talk to my mom and tell her that in order for her to come home she needed to take her medications. She never refused them again. You may have to get permission to see the chart, but do it. If you don't understand something, ask about it.

**Inquire about any changes you see in your family member, such as a changes in mental status.** Watch for any type of changes in your loved one. They could have changed medications, missed a dose, or had a seizure or stroke. Remember you know them best and you would notice a change before staff would. If you keep this in mind, you'll do what's best for them.

**Ask to speak with the administrator or the nursing supervisor if you are not satisfied with staff answers and are concerned about care.** One day I visited my mother and found needles on her bed and on the floor. I also found that they didn't connect her oxygen properly so she was gasping for air. It was important to meet with the administrator and staff to inquire how they could prevent these things from happening again.

**Keep Documentation.** Keep a book or daily journal of events.

**Try to appoint one person in the family as the spokesperson.** This person needs to be strong and vocal and the main contact.

This can be a devastating experience and you may not be able to think clearly. You may feel helpless and overwhelmed. But remember that you know your family member better than staff. My mother knew her family would always be there to advocate for her.

If you encounter any of these situations, remember to contact the Northern Virginia Long-Term Care Ombudsman Program at 703-324-5861 (TTY711). An Ombudsman advocates for residents, helps resolve issues, and provides free and confidential information.

## **Need Information or Have a Concern About Nursing or Assisted Living Facilities?**

### **Northern Virginia Long-Term Care Ombudsman Program**

12011 Government Center Parkway,  
Suite 708

Fairfax, VA 22035

Offices hours are Monday through  
Friday, from 8:00 a.m. to 4:30 p.m.

Intake Line: 703-324-5861 TTY: 711

Fax: 703-653-1796

Email us at:

[NVLT COP@FairfaxCounty.Gov](mailto:NVLT COP@FairfaxCounty.Gov)

**To view information on the  
NVLT COP  
website and to see the  
Investigation and Complaint Log,  
please go to:**

**[www.FairfaxCounty.Gov/LTCOmbudsman](http://www.FairfaxCounty.Gov/LTCOmbudsman)**

### **What an Ombudsman does:**

- ♦ **Advocates** for improving the quality of life for persons receiving long-term care
- ♦ **Resolves complaints** against long-term care providers through **counseling, negotiation, and investigation**
- ♦ **Provides information** about long-term care providers to help make an informed decision
- ♦ **Educates** the community about long-term care issues
- ♦ **Visits** residents of long-term care facilities on a weekly basis through our volunteer program
- ♦ **Trains** long-term care staff on long-term care related information
- ♦ **Consults** with providers

## VOLUNTEER CORNER

**The New Volunteer Ombudsman Spring Training has been completed!** Our first day was cancelled due to snow. Despite the weather, all of the volunteer trainees rearranged their schedules to accommodate a new, additional training date. We are proud to announce that nineteen candidates successfully completed the training days and have been accepted into the program. We admire their energy and passion and look forward to working with our new volunteers.

This year, for the first time, the Northern Virginia Long-Term Care Ombudsman Program will conduct two New Volunteer Ombudsman Trainings per year – in spring and fall. The fall training will be offered in September, 2014. If you are or anyone you know is interested in this opportunity, please submit an application during the summer as the vetting process can take a few months.

Our residents, families and program staff appreciate the time and energy that our Volunteer Ombudsmen dedicate to helping to ensure the highest quality of life and quality of care for residents in Nursing Homes and Assisted Living Facilities.

**Thank you!**



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The Northern Virginia Long-Term Care Ombudsman Program is committed to a policy of nondiscrimination in all programs and services. To request reasonable accommodations or alternate formats, call 703-324-5861 (voice); 711 (TTY).

This publication has been created or produced by Fairfax County with financial assistance, in whole or in part, from the Administration on Aging and/or the Virginia Department for the Aging.

A Fairfax County, Va. publication. June 2014